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	151307	A. BUILDING 00 B. WING	08/17/2011

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ST VINCENT WILLIAMSPORT HOSPITAL INC	412 N MONROE ST WILLIAMSPORT, IN47993

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S0000	This visit was for a standard licensure survey. Facility Number: 005092 Survey Date: 08/16-17/2011 Surveyors: ReBecca Lair, LCSW Medical Surveyor Jacqueline Brown, RN Public Health Nurse Surveyor Lynnette Smith, Laboratorian/Medical Surveyor QA: claughlin 08/25/11	S0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S0318	410 IAC 15-1.4-1(c)(6)(F) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (F) Ensuring cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and hospital policy for all health care workers, including contract and agency personnel, who provide direct patient care.			
	Based on document review and staff interview, the facility failed to demonstrate evidence of CPR training for 2 of 10 physicians. 1.) Review of hospital policy #AD 100.25, titled CPR, indicated the following: "Licensed Independent Practitioners who admit and /or practice in high risk areas such as anesthesia and emergency need to demonstrate CPR competence. Current documentation will be included in the credentialing file. Notice of delinquent certification will be communicated to the medical staff by the credentialing office." 2.) On 8-16-11 at 4 pm, upon document review, and in the presence of Employee A1, it was noted that 2 of 10 physicians were lacking documentation of CPR	S0318	September 5, 2011 at 0930 Jane Craigin RN CEO, Diana Hanthorne RN Med/Surg., UR, and Credentialing Manager, Trina Marlatt RN Chief Nursing Officer, Dr. Seal MD FACEP and Lori Barnhart RN Surgery, Quality Manager met to review our hospital policy CPR. Following a discussion of CPR requirements related to physicians it was unanimous to update our current policy. Number 7 under procedure was revised to read; Licensed Independent Practitioners who admit and/or practice in high-risk areas such as anesthesia and emergency will demonstrate CPR competence through certification or by Board Certification or Board Eligibility as evidenced in their credentialing file. Current documentation will be maintained in the credentialing file. Failure to recertify within 30 days will be reported by the	09/28/2011

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	training. 3.) On 8-17-11 at 10 am per interview with Employee A1, it was verified that there was no other CPR documentation available for review. No further documentation was made available prior to survey exit.		credentialing manager to Medical Staff.Lori Barnhart presented, at the scheduled September 13, 2011 08:00 Medical Staff meeting the findings from the Indiana State Department of Health survey conducted on August 16 and 17, 2011. Revisions to the CPR policy were reviewed and discussed. Following the discussion a motion was made by Dr. Sharma, seconded by Dr. Fischer and unanimously carried to approve the revisions. The revisions to the CPR policy will be presented to Quality Council on September 16, 2011 and to the Board of Directors on their scheduled meeting September 28, 2011 at 12:00.Updated St. Vincent Williamsport Hospital policy, CPR attached.	

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S0610	410 IAC 15-1.5-2(f)(3)(D)(x) (f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following: (x) A program of food preparation and storage for all personnel involved in food handling which includes, but is not limited to, the following: (AA) Storage of employee food in patient refrigerators. (BB) Medications in nutrition refrigerators. (CC) Refrigerator and freezer temperature monitoring. Based on review of policies and procedures, observation and staff interview, the hospital infection control committee failed to monitor all personnel involved in food preparation and handling to ensure food was prepared and handled in accordance with the Indiana State Department of Health (ISDH) Retail Food Establishment Sanitation Requirements, 410 IAC 7-24.	S0610	August 18, 2011 at 10:00 Trina Marlatt RN Chief Nursing Officer, Diana Hanthorne RN Med/Surg., UR, Credentialing Manager, Michael Grow,MT(ASCP) Infection Control Officer, Greg Keeling Environmental Services Manager and Safety Officer met. They reviewed the hospital policy, Reporting to the Associate Health Nurse for Illness/Injury and unanimously agreed to revise the policy to include; Associates working in a food handling area	09/16/2011

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	Findings included: 1. ISDH Retail Food Establishment Sanitation Requirements, 410 IAC 7-24 states: a. Section 120: "The owner or operator of a retail food establishment shall require...food employees to report to the person-in-charge information about their health...if the food employee: (1) is diagnosed with an illness due to: (A) Salmonella spp.; (B) Shigella spp.; (C) Shiga toxin-producing Escherichia coli; (D) hepatitis A virus; or (E) Norovirus; or (2) has a symptom caused by illness, infection, or other source that is: (A) associated with an acute gastrointestinal illness, such as: (i) diarrhea; (ii) fever; (iii) vomiting; (iv) jaundice; or (v) sore throat with fever; or (B) a lesion containing pus, such as a boil or infected wound that is open or draining and is on: (i) the hands or wrists unless an impermeable cover, such as a finger cot or stall, protects the lesion and a single use glove is worn over the impermeable cover; (ii) exposed portions of the arms unless the lesion is protected by an impermeable cover; or (iii) other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage; (3) had		shall report to their supervisor immediately if they are experiencing any of the following symptoms: diarrhea, fever, vomiting, jaundice, sore throat with fever, lesions (such as boil and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part. Associates should also notify their supervisor whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as: Salmonellosis, Shigellosis, Escherichia coli, Hepatitis A virus, or Norovirus. In addition to the above conditions, associates should notify their supervisor if they have been exposed to the following high risk conditions: exposure to or suspicion of causing any confirmed outbreak involving the above illness, a member or their household is diagnosed with any of the above illnesses, a member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses. It is the associates' responsibility to notify their supervisor, which in turn will consult with the associate health nurse or designee, regarding the specified items listed above involving symptoms, diagnosis, and high risk condition. The associate health nurse or	

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	a past illness from an infectious agent specified under subdivision (1); or (4) meets one (1) or more of the following high-risk conditions, such as: (A) Being suspected of causing, or being exposed to, a confirmed disease outbreak caused by Salmonella spp., Shigella spp., Shiga toxin-producing Escherichia coli, hepatitis A virus, or norovirus because the food employee or applicant: (i) prepared food implicated in the outbreak; (ii) consumed food implicated in the outbreak; or (iii) consumed food at the event prepared by a person who is infected or ill with the infectious agent that caused the outbreak or who is suspected of being a shedder of the infectious agent. (B) Living in the same household as a person who is diagnosed with a disease caused by Salmonella spp., Shigella spp., Shiga toxin-producing Escherichia coli, hepatitis A virus, or norovirus..." b. Section 138: "... food employees shall wear hair restraints, such as hats, hair coverings or nets..." c. Section 171: "...food employees shall not contact exposed, ready-to-eat food with hands...and shall use suitable utensils, such as...single-use gloves..." d. Section 187: " ...potentially hazardous food shall be maintained as follows...at one hundred thirty-five		designee will consult with collaborating provider regarding work restrictions and/or request written medical documentation from a licensed physician, nurse practitioner or physician's assistant indicating the associate may work in an unrestricted capacity because the associate is free of the infectious agent or is no longer a threat. All food handling associates are subject to the required work restrictions or exclusions that are imposed upon them as stated in Indiana State Department of Health Rule 410 IAC 7-24. The policy Patient Meals was revised to read:**Food Handling Guidelines:** SVWH hand washing policy is to be adhered to in all aspects of handling food. Tongs, spatulas, deli tissues, or disposable food handling gloves are to be used when handling food. Hair nets or other form of hair restraint are to be worn during food handling. Any contaminated food or any foods that the integrity cannot be verified regarding expiration dates, contents, etc..., shall be discarded immediately in the waste receptacle or removed. Soiled meal trays shall not be placed on the same food cart with unserved meal trays. All food and beverage are to be covered when transporting to a patient's room. Food and beverage items placed in the pantry's refrigerator are to be covered, labeled with patient's name and dated with the	

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	(135) degrees Fahrenheit or above... " 2. Review of policies and procedures on 8-17-11 between 1:50 PM and 2:45 PM revealed a policy/procedure titled "Patient Meals", policy/procedure number "MS 100.62", last revised on "12/09" which lacked a requirement that food handlers report required health information to the person-in-charge, lacked a requirement that food handlers wear an effective hair restraint, lacked prohibition of bare hand contact with ready-to-eat food and lacked a requirement that hot food be maintained at 135 degrees Fahrenheit (F) or above, in accordance with 410 IAC 7-24. 3. On 8-17-11 between 12:00 PM and 12:45 PM, while accompanied by Staff Member #L1, the following was observed: a. Patient food trays arrived at the facility, cooked, from a local nursing home at 12:10 PM. The trays contained mini hamburgers. The temperature of the mini hamburgers was 108 F, obtained from 3 different patient trays. b. A Certified Nurses Aide (CNA) was observed performing the following tasks without donning single-use gloves or a hair restraint:		last date available for consumption (72 hours or specific expiration date). Leftover food and beverage stored in the refrigerator greater than 72 hours will be discarded.**Food Serving Temperatures:** Serving temperatures shall be maintained per dietary procedure by contracted vendor to ensue the food has an initial temperature of (41□ Fahrenheit) or less when removed from cold holding temperature control or (135□ Fahrenheit) or greater when removed from hot holding temperature control. Hot food shall be kept at the appropriate temperature in warming cabinets, steam tables or ovens to maintain a 135□ Fahrenheit temperature or above, in accordance with 410 IAC 7-24. This is the responsibility of the contracted vendor. Cold food shall be kept within refrigerated surfaces until served at or below 41□ Fahrenheit. Cold foods will be iced during service, whenever possible, i.e. cartons of milk, juices, salads, etc… This is the responsibility of the contracted vendor and SWVH. Prior to meal service, temperatures of both hot and cold foods are to be taken and recorded by contracted vendor. Time of pick-up and delivery will be recorded by SVWH. Appropriate measures will be taken by contracted vendor to assure food is served at the proper temperature and is	

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	1) Removed bread from the refrigerator and placed it on a disposable paper plate, touching the bread with bare hands 2) Opened a condiment package of peanut butter and spread the peanut butter on one side of the bread with a disposable butter knife, while holding the bread with bare hands 3) Opened a condiment package of jelly and spread the jelly over the peanut butter with a disposable butter knife, while holding the bread with bare hands. 4) Placed another slice of bread over the jelly with bare hands. 4. In interview on 8-17-11 between 12:00 PM and 2:45 PM, Staff Member #1 acknowledged the above findings and indicated the hospital did not have policies / procedures that: 1) required food handlers to report illness information to the person-in-charge; 2) required food handlers to wear an effective hair restraint; 3) did not prohibit bare hand contact with ready-to-eat food; and 4) required hot food to be maintained at 135 degrees Fahrenheit (F) or above, in accordance with 410 IAC 7-24.		palatable. Measures may include, heating, re-heating or additional cool, or if the integrity of the food is in questions, discard the item/items and replace. The food shall be marked or otherwise identified to indicate that it is 4 hours past the point in time when the food is removed from temperature control. The food shall be cooked and served, served at any temperature if ready-to-eat, or discarded, within 4 hours from the point in time when food is removed from temperature control (FDA, 2009).September 9, 2011 at 13:00 Health and Safety Team (Greg Keeling Safety Officer, Michael Grow IFC, Lori Barnhart Quality/Surgery Manager, Ericka Sams Rad. Manager, Cathie Smith Lab Manager, Diana Hanthorne Med/Surg Manager, Dr. Stewart Med. Staff Rep., Angie Chambliss Housekeeping Supervisor, Trina Marlatt, Chief Nursing Office) met. Polices, Patient Meals and Reporting to the Associate Health Nurse for Illness/Injury revisions were reviewed and discussed. Following a motion made by Cathie seconded by Lori and unanimously carried the policies were adopted and will be presented to Medical Staff and Quality Council for final approval. September 13, 2011 08:00 Medical Staff met and unanimously approved the policy Patient Meals and Reporting to	

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			the Associate Health Nurse for Illness/Injury. Quality Council will met on September 16, 2011 at 0830 and the polices are on the agenda. August 22, 2011 Single use gloves, deli papers, utensils, and hair nets were placed in the Med/Surg food pantry. “Just in time” training regarding food handling was implemented by Diana Hanthorne Med/Surg Manager as associates arrived for their scheduled shifts. September 1, 2011 a staff meeting conducted by Diana reviewed the food handling procedures. September 15,2011 Julie Mumsey Dietician will provide an in-service with all Med/Surg associates on Food Safety and Sanitary food Handling Techniques, a post test will be given. Copies of the handout and post test attached. August 22, 2011 Dusty Siezmore Administrator of The Waters of Williamsport met with Jane Craigin CEO, Trina Marlatt Chief Nursing Officer, Diana Hanthorne Med/Surg Manager, Greg Keeling Environmental Services, and Julie Munsey Dietician to go over the revised process for evaluating temperatures and tray pick up. Everyone was in agreement. The Waters of Williamsport food preparation staff will ensure the serving temperatures are at regulations ranges when released. SVWH associates will record time of pickup. August 29, 2011 The above group of people	

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			met with David Potter representative for Aladdin Temp-Right. New food serving trays, bowls, cups, plates were demonstrated. Items chosen have been trialed since September 5, 2011. The food temperatures have been tested and staying within regulatory range. September 14, 2011 Dusty contacted the Hospital and everyone has agreed to proceed with the purchase of the food serving ware. September 7, 2011 Julie Munsey Dietician met with the Dietician at The Waters of Williamsport to review the food menu, temperature logs, and pick up process. Julie reported to Trina that everything was within the standards. Julie will continue to met with the Dietician on a monthly basis and report the findings to Trina Marlatt and the Health and Safety Team. Updated policies attached.	
S1010	410 IAC 15-1.5-7 (b)(2) (b) The hospital shall have a pharmacy service directed by a pharmacist, as follows: (2) The pharmacy service shall be administered in accordance with accepted professional standards and federal and state laws. Based on observation, policy and procedure review, and staff interview, the facility failed to implement its policy and procedure related to drug storage for 1 of 5 (Post Anesthesia Recovery) areas toured.	S1010	August 17, 2011 at 08:00 Lori Barnhart RN Surgery Manager contacted April Hegg PharmD and Denise VanHyfte, L.PH.T. Pharmacy Buyer and requested 6 vials of dantrolene Sodium 20mg	09/08/2011

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	Findings: 1. On 8/17/11 at approximately 1:40 PM while in the company of personnel P12 and P16 the following was observed: a. in the Malignant Hyperthermia (MH) Kit: A. 30 vials of Dantrolene Sodium 20mg IV. b. a call was placed at approximately 1:42 PM to pharmacy to determine if they had the other 6 vials of Dantrolene Sodium 20mg IV in stock. They did not. 2. Review of Bylaws of the Medical Staff on 8/17/11 at 2:08 PM indicated on pg. 15, under section The Pharmacy and Therapeutics Committee shall:, point 11.3.4.9, "Make recommendations concerning medications to be stocked in patient care areas." 3. Review of Malignant Hyperthermia Association of the United States Medical Professional document titled, "Drugs, Equipment, and Dantrolene - Managing MH" on 8/17/11 at approximately 2:00 PM, indicated: a. on pg. 4, "All facilities...where MH triggering anesthetics...are administered, should stock a minimum of 36 vials of dantrolene...to treat an MH reaction..." 4. Staff member P12 was interviewed at 1:53 PM on 8/17/11 and confirmed the MH Kit was lacking 6 vials of Dantrolene Sodium 20mg IV and recommendations from the Malignant Hyperthermia Association of the		IV to be ordered. At 11:10 on August 18, 2011 six (6) vials of dantrolene were placed in the malignant hyperthermia kit along with preservative free sterile water for reconstitution. An e-mail was sent to confirm the placement of the dantrolene in the MH kit. August 19, 2011 at 07:00 the surgery staff, Lois Fellure CST, Lisa Ponder CST, Lori Bowlus LPN, Lana Walton LPN, Margo FrySchutt RN, Cindy Smyth RN, and Lori Barnhart RN convened in a safety huddle to discuss interventions to ensure the MH kit always contained 36 vials of dantrolene. Several suggestions were made but the suggestion to check the MH kit each day for 36 vials of dantrolene when the defibrillator and portable suction are checked received the most positive responses. The form used to document the portable suction check was modified to include the check for 36 vials of dantrolene in the medication kit, approximately 2000ml preservative free sterile water and mixing directions. The reconstitution directions were modified to make the type larger and easier to read. A second form was placed in the kit with recommendations of additional medications and dosages used in the management of a MH crisis. The posters will remain on the wall in surgery and PACU describing the emergency therapy	

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	United States are followed.		for Malignant Hyperthermia and MH hotline number. Posters that contain information regarding the transfer of MH patients if needed were also being posted on September 13, 2011. September 8, 2011 at 09:00 Pharmacy and Therapeutics Committee met. Lori Barnhart Surgery/ Quality Manager reported to the committee that there were 36 vials of dantrolene in the MH kit along with preservative free sterile water and instructions for mixing. The new daily check to ensure the 36 vials were present and available was explained. P and T unanimously approved the policy Defibrillator Check and other Emergency equipment. St. Vincent Williamsport Surgery Defibrillator Check and other Emergency equipment policy attached. Daily portable suction and dantrolene check list attached.	